



CERTIFICATE OF MAIL -

I hereby certify that this correspondence is being deposited with the United States Postal Service as First Class Mail in an envelope addressed to Mail Stop AF, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on August 17, 2004.


Sandra D. Hunter

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In Re Application of:

Date: August 17, 2004

RECEIVED

Travis BALDWIN et al.

Confirmation No. 3697

AUG 26 2004

Serial No: 09/924,877

Group Art Unit: 2675 Technology Center 2600

Filed: August 8, 2001

Examiner: Chow, Doon Y.

For: ADJUSTABLE DISPLAY DEVICE

Mail Stop AF
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450


RESPONSE AFTER FINAL

Sir:

In response to the Final Office Action dated June 23, 2004, please enter the following remarks in the present application.

Amendments to the Claims are reflected in the listing of claims, which begin on page 2 of this paper.

Remarks/Arguments begin on page 8 of this paper.

 TRANSMITTAL FORM	Attorney Docket No. RPS920010037US1 2132P
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AFI
2675
61

In re the application **BALDWIN**

Confirmation **3697**

RECEIVED

Serial No: **09/924,877**

Group Art Unit: **2675**

AUG 2 6 2004

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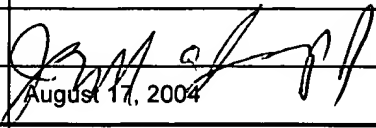
Technology Center 2600

For: **Adjustable Display Device**

ENCLOSURES (check all that apply)			
<input checked="" type="checkbox"/>	Amendment/Reply	<input type="checkbox"/>	Assignment and Recordation Cover Sheet
<input type="checkbox"/>	After Final	<input type="checkbox"/>	Part B-Issue Fee Transmittal
<input type="checkbox"/>	Information disclosure statement	<input type="checkbox"/>	Letter to Draftsman
<input type="checkbox"/>	Form 1449	<input type="checkbox"/>	Drawings
<input type="checkbox"/>	(X) Copies of References	<input type="checkbox"/>	Petition
<input type="checkbox"/>	Extension of Time Request *	<input type="checkbox"/>	Fee Address Indication Form
<input type="checkbox"/>	Express Abandonment	<input type="checkbox"/>	Terminal Disclaimer
<input type="checkbox"/>	Certified Copy of Priority Doc	<input type="checkbox"/>	Power of Attorney and Revocation of Prior Powers
<input type="checkbox"/>	Response to Incomplete Appln	<input type="checkbox"/>	Change of Correspondence Address
<input type="checkbox"/>	Response to Missing Parts	*Extension of Term: Pursuant to 37 CFR 1.136, Applicant petitions the Commissioner to extend the time for response for xxxxx month(s), from to .	
<input type="checkbox"/>	Executed Declaration by Inventor(s)		
<input type="checkbox"/>		<input type="checkbox"/>	After Allowance Communication to Group
<input type="checkbox"/>		<input type="checkbox"/>	Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/>		<input type="checkbox"/>	Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/>		<input type="checkbox"/>	Status Letter
<input type="checkbox"/>		<input checked="" type="checkbox"/>	Postcard
<input type="checkbox"/>		<input type="checkbox"/>	Other Enclosure(s) (please identify below):

CLAIMS					
FOR	Claims Remaining After Amendment	Highest # of Claims Previously Paid For	Extra Claims	RATE	FEE
Total Claims	27	28	0	\$18.00	\$ 0.00
Independent Claims	4	5	0	\$86.00	\$ 0.00
Total Fees					\$ 0.00

METHOD OF PAYMENT	
<input type="checkbox"/>	Check no. _____ in the amount of \$ _____ is enclosed for payment of fees.
<input type="checkbox"/>	Charge \$ _____ to Deposit Account No. _____ (Account Holder Name) for payment of fees.
<input checked="" type="checkbox"/>	Charge any additional fees or credit any overpayment to Deposit Account No. <u>50-0563</u> (IBM Corporation)

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Attorney Name	Joseph A. Sawyer, Reg. No. 30,801
Signature	
Date	August 17, 2004

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Type or printed name	Sandra D. Hunter
Signature	